

MULTIPLE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7	/						67					
8		1					68					
9							69					
10							70					
11							71					
12							72					
13			1				73					
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36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL IND.					
42							TOTAL DEP.					
43							TOTAL CLAIMS					
44												
45												
46												
47												
48												
49												
50												

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1350 (3-78)

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